Office of Telecommunications Management Toll Free Services Order Form (OTM-32)

TC Approved:	Dept/Agency:
AU Number:	Office:
Location:	Due Date:
Contact:	Telephone Number:
1. Please list the types of toll free calls your agency needs to be able to receive (i.e. intraLATA, intrastate, interstate, international):	
2. What telephone number should this toll free number be routed to?	
3. Should the toll free number have a directory listing? If so, please provide the information for the listing.	
4. Should local calls be blocked from completing over the toll free number?	
Please fax this form to OTM Customer Service at (225) 342-7757	

Instructions for Toll Free Services Order Form (OTM-32)(10/04)

TC Approved Signature of Telecommunications Coordinator.

AU Number Accounting Unit to be billed for the service.

Office Name of the agency receiving the service

Location Location of service.

Due Date Date services are requested to begin.

Contact Person to be contacted for information about the request.

Telephone Number Contact person's telephone number.

Please List Types of Toll Free Calls List types of calls the toll free service should receive—intraLATA,

Your Agency Needs to be Able to intrastate, interstate, international.

Receive

This Toll Free Number Be Routed routed to.

Should The Toll Free Number Have
A Directory Listing? If So, Please
Provide The Information For The
If a listing is required, write "yes" and provide the listing information (name, physical address, phone number, and directory name). If no listing is required, write "no."

Listing.

Should Local Calls Be Blocked from Completing Over the Toll free Number?

Listing.

Indicate "yes" if local calls should be blocked from completing over the toll free number. Indicate no if the toll free number should receive local calls.

FAX completed from to OTM Customer Service at 225-342-7757.